

Wisconsin Department of Regulation & Licensing

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BARBERING AND COSMETOLOGY EXAMINING BOARD

VERIFICATION OF SELF-EMPLOYMENT

IMPORTANT: Proper completion of this form is required for processing of the application. Any alteration made to the form will void the form.

Failure to submit proper documentation of self-employment will delay processing of your credential application. When documenting the Employment Period, include the month, day and year.

INSTRUCTIONS: To verify that you owned a barbering or cosmetology establishment, please complete this form and attach one of the following as documentation of self-employment:

1. A verification from the previous state's licensing agency to verify you had been issued an establishment license, the name and address of the establishment, the date the license was issued, and the date the license expired.
2. A photocopy of tax forms which shows your name as owner of the establishment for the employment period listed below.

Please Type or Print in Ink

Applicant Name		Date of Birth	
Establishment Name		Establishment License Number	
Establishment Address (Street, City, State, Zip Code)			
Employment Period. (Include the month, day and year.)		From _____ To _____ month/day/year month/day/year	
Hours Worked:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Number of Hours Per Week	_____
		Total Number of Hours Worked	_____
Worked as (check one):	<input type="checkbox"/> Practitioner <input type="checkbox"/> Manager	<input type="checkbox"/> Manicurist <input type="checkbox"/> Electrologist	<input type="checkbox"/> Aesthetician

I, _____, declare the foregoing statements are true to the best of my knowledge and belief, that I owned and operated the above mentioned establishment, and that I personally completed and signed this form.

Signature

License Number

Date